

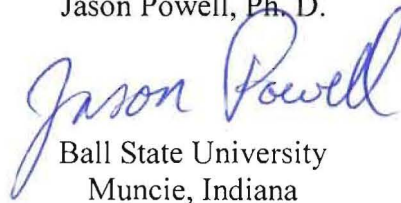
Understanding National Healthcare

An Honors Thesis (HONRS 499)

by

Mark Nau

Thesis Advisor
Jason Powell, Ph. D.



Ball State University
Muncie, Indiana

May 2012

Expected Date of Graduation

May 2012

SpCell
Undergrad
Thesis
LD
2489
.24
2012
.N38

Abstract:

The medical care in America, while of extremely high quality, is costly. It is often this high cost which prevents those who need it most from obtaining, literally, life saving services. This reason alone should be a compelling force for taking a look into the national healthcare systems in place around the world, all of which spend less than America, and usually have longer life expectancies and happier citizens. The resistance to nationalizing healthcare in America, then, is surprising. Upon investigation I realized the majority of this resistance is due to misinformation or ignorance of any system other than the one currently in place. To help inform citizens about nationalized healthcare and to answer pertinent questions by current medical professions about converting to a nationalized system, I created two pamphlets, one to target each audience.

Acknowledgements:

I would first like to thank my adviser Dr. Powell; without your never-ending patience, thought provoking questions and often irritating refusal to let me turn in anything less than my best work I would not be where I am today. I would also like to thank my dear friend Madeline Goheen and my loving mother Julie Thessin for encouraging me through all the stress and difficult times along my path in life and becoming the person that I have become.

Author's Statement

What is the Project?

My thesis project has changed shape more times than I care to count, and it took quite a stretch to see the final product which I produced from the original idea I hashed out with my advisor. The central idea, that of educating both the general public, as well as medical professionals, on the basic principles of socialized medicine, has stayed constant. The method which I ended up using was that of brief, compelling points, interesting factoids, and questions and answers all packaged in a neat little pamphlet. Two such pamphlets were created, one for the average citizen, and the other aimed more toward medical professions (primarily toward physicians). As each group would have very different questions about a new system and very different concerns about leaving our current system, the content from one pamphlet is almost completely different from the content of the other pamphlet.

Target Audience:

To increase accessibility while keeping the environment in mind, both pamphlets were posted on the internet. The initial distribution was simply through e-mail and was eventually supplemented by the social networking website Facebook. They have been marked as public domain, allowing them to be freely searched and read by anyone with a (free) membership to the website.

Why Did I Do It How I Did It:

The idea of the project was hatched during numerous political and philosophical discussions about healthcare, namely how it should be provided, and who should be blamed when large portions of society are afflicted with easily treatable or curable ailments and are not treated. I, for one, heavily believe that socialized medicine is a much better alternative to the current system in the United States. Most people found this extremely shocking as I plan on entering the medical field as a physician, and in particular, plan on practicing primary care medicine. It slowly dawned on me that most people were incredibly poorly educated on what socialized medicine is, and how a socialized system can truly be a wonderful thing for many people. From this realization it was not long before I was sitting with my advisor discussing different methods of educating the masses. It was decided that rather than writing an in-depth report which covered details which were likely to change over time, be different for each country, would be above the comprehension level of some and would only be read by a few, it would be more beneficial to construct something which could be quickly read, give enough information to dispel common rumors, and would be read by many.

Once the presentation medium of a quick-read pamphlet had been decided upon I had to decide what people actually want to know. I began talking to friends, family, students, professors, and even a few fellow restaurant patrons, asking what they knew about socialized medicine and universal healthcare, and what they would like to know. I was simply blown away by some of the facetious information I heard, and I knew just how necessary something similar to my project has become. I was surprised that the questions asked were similar across religions, political backgrounds, ages, and education levels, although I did not do any comprehensive tracking of demographics (as this was off-putting to some people). It seemed that by and large, everyone has the same concerns.

Once I figured out what types of things people wanted to know, I began my literature research. Most questions could not be answered specifically. For example, one common question, "Will it cost more per year to see the doctor the same amount of times as I do now?" This question has many layers including the quality of current insurance, which particular model of healthcare is chosen by the national government, if supplemental coverage is purchased (if this is an option), and more. That said, I was reasonably happy with the answers I was able to find and provide for the majority of the questions that were asked.

To begin answering these questions I researched the current healthcare policies of three countries with national policies: Canada, the United Kingdom, and France. I chose the first two

countries for their close relationships to America, and the third as it has been ranked the #1 system by the World Health Organization in the latest ranking. After looking at how each of these systems work, as well as reading any literature I could find on nationalized systems in general, I did my best to compile answers.

In addition to the question and answers section I included brief summaries of each of the three international systems. This was included primarily for two reasons. The first reason was to show that not all nations have the same plan, each can be very different, and simply having a nationalized system does not necessarily mean a particular system. The second reason for including the summaries was to show that the best system (according to the WHO), France's system, leaves much power in the hands of the citizens. Most of the concern I encountered was centralized around the idea of having the government make more decisions for its citizens. In France, the citizens still have the option of obtaining supplemental coverage (80+% of the population takes advantage of this), as well as having options of where to go for services. Physicians also have the option of participating or not participating, and the option of where or how to practice medicine.

Works Cited

1. "World Health Organization Assesses the World's Health Systems." *World Health Organization*. WHO. Web. 29 Apr. 2012.
<http://www.who.int/whr/2000/media_centre/press_release/en/>.
2. Fried, Bruce, and Laura M. Gaydos. *World Health Systems: Challenges and Perspectives*. Chicago: Health Administration, 2002. Print.
3. "PNHP Press Room." *Physicians for a National Health Program*. Web. 29 Apr. 2012.
<<http://www.pnhp.org/>>.
4. "National Health Care." *TheFreeDictionary.com*. Web. 29 Apr. 2012.
<[http://medical-dictionary.thefreedictionary.com/national health care](http://medical-dictionary.thefreedictionary.com/national+health+care)>.
5. Reinhardt, Uwe E. "What Is Socialized MedicineTM? A Taxonomy of Health Care Systems." *Economix Blog*. New York Times, 8 May 2009. Web. 29 Apr. 2012.
<<http://economix.blogs.nytimes.com/2009/05/08/what-is-socialized-medicine-a-taxonomy-of-health-care-systems/>>.
6. "Definitions of Health Insurance Terms." *U.S. Bureau of Labor Statistics*. U.S. Bureau of Labor Statistics. Web. 29 Apr. 2012 <<http://www.bls.gov/ncs/ebs/sp/healthterms.pdf>>
7. Wolf, Richard. "Number of Uninsured Americans Rises to 50.7 Million." *USA Today*. Gannett, 17 Sept. 2010. Web. 29 Apr. 2012.
<http://www.usatoday.com/news/nation/2010-09-17uninsured17_ST_N.htm>.
8. "Single-Payer FAQ." *Physicians for a National Health Program*. Web. 29 Apr. 2012.
<<http://www.pnhp.org/facts/single-payer-faq>>.
9. "California Medical Malpractice Insurance." *My Medical Malpractice Insurance*. Web. 29 Apr. 2012. <<http://www.mymedicalmalpracticeinsurance.com/california-medical-malpractice-insurance.php>>.
10. "Medscape Physician Compensation Report: 2012 Results." *MedScape Today News*. Web. 27 Apr. 2012. <http://www.medscape.com/features/slideshow/compensation/2012/public?src=google&ef_id=725PmwQpXj8AAIuz:20120430002850:s>.
11. "How Much Do Doctors in Other Countries Make?" *Economix Blog*. Web. 29 Apr. 2012.
<<http://economix.blogs.nytimes.com/2009/07/15/how-much-do-doctors-in-other-countries-make/>>.
12. "Physician Compensation Worldwide." *PracticeLink*. Web. 29 Apr. 2012.
<<http://www.practicelink.com/magazine/vital-stats/physician-compensation-worldwide/>>.
13. Pho, Kevin. "Medical Education Cost Is a Health Policy Imperative." *KevinMD.com*. Web. 29 Apr. 2012. <<http://www.kevinmd.com/blog/2011/07/medical-education-cost-health-policy-imperative.html>>.
14. Pickert, Kate. "Understanding the Health-Care Debate: Your Indispensable Guide." *Time Politics*. 17 Aug. 2009. Web. 26 Apr. 2012.
<<http://www.time.com/time/healthcaredebate>>.

FAQs

Q: How would nationalizing health care affect the lower/middle/upper classes?

A: Simply, by being covered, the lower class would benefit. The middle class would likely not see a change in the care received, but would likely see a reduction in total cost paid. The upper class would likely see a slight reduction in level of care; unless a strong private sector of care providers remain.

Q: What is so wrong with our current system?

A: There are multiple answers to this question. Over 50 million people are without health insurance in this country,⁷ while even those with health insurance often spend tremendous amounts on deductibles, co-pays, and premiums. In short, we are spending more than anyone, and still leaving many unprotected.

Q: Why does our current system cost so much, and where does all the money we already spend end up?

A: Our current system loses much to regulatory bodies and insurance companies. Simply put the more interference between care providers and care recipients, the higher the fee.

Q: How much will I pay relative to what I pay now?

A: While this largely depends on the amount of coverage you currently have, the bulk of research suggests that the average citizen would pay far less.

Q: Will I still be able to see a specialist when needed?

A: Specialists will still be available, although the process to see one will depend on the particular system that is adopted.

Q: Will everyone have to participate?

A: Generally yes, but most systems allow for choice in the amount of coverage, similar to the current method.

Q: What will happen to insurance companies?

A: Likely many will decrease greatly in size. Governmental regulation, and the changes in the demand in the free market will moderate them better.

Q: Can I expect to receive coverage comparable to what I currently have, and will I still be able to choose my physician?

A: Most national systems allow greater freedom in choosing a GP, and most foreign citizens report being happier than American citizens in terms of care.

Q: Where will the funding come from?

A: In each of the studied systems the money is raised from a combination of taxes and/or employer input.

The increase in taxes would replace the cost of buying ones own insurance, and would likely cost the same or less than is paid now.

Q: When coverage is limited (insufficient hospital beds, physicians, etc) who will receive treatment?

A: In our current system all treatment is given preferentially to those who have the money to pay for it, as those without money/insurance tend toward free clinics which are often understaffed. Providing every income level with the same care should help alleviate this, equalizing care for all ages and economic classes.

Q: What is the difference between socialized medicine and socialized health insurance?

A: Socialized medicine refers to a system that is entirely controlled by the government. This includes the funding, the regulation, and the employment of professionals (physicians, nurses, etc.). Socialized health insurance, also known as national health insurance, is a federally funded system which is usually delivered (staffed by) private sector.⁸

1. "World Health Organization Assesses the World's Health Systems." *World Health Organization*. WHO. Web. 29 Apr. 2012. <http://www.who.int/whr/2000/media_centre/press_release/en/>.
2. Fried, Bruce, and Laura M. Gaydos. *World Health Systems: Challenges and Perspectives*. Chicago: Health Administration, 2002. Print.
3. "PNHP Press Room." *Physicians for a National Health Program*. Web. 29 Apr. 2012. <<http://www.pnhp.org/>>.
4. "National Health Care." *TheFreeDictionary.com*. Web. 29 Apr. 2012. <[http://medical-dictionary.thefreedictionary.com/national health care](http://medical-dictionary.thefreedictionary.com/national+health+care)>.
5. Reinhardt, Uwe E. "What Is Socialized Medicine? A Taxonomy of Health Care Systems." *Economix Blog*. New York Times, 8 May 2009. Web. 29 Apr. 2012. <<http://economix.blogs.nytimes.com/2009/05/08/what-is-socialized-medicine-a-taxonomy-of-health-care-systems/>>.
6. "Definitions of Health Insurance Terms." *U.S. Bureau of Labor Statistics*. U.S. Bureau of Labor Statistics. Web. 29 Apr. 2012. <<http://www.bls.gov/ncs/ebs/sp/healthterms.pdf>>.
7. Wolf, Richard. "Number of Uninsured Americans Rises to 50.7 Million." *USA Today*. Gannett, 17 Sept. 2010. Web. 29 Apr. 2012. <http://www.usatoday.com/news/nation/2010-09-17-uninsured17_ST_N.htm>.
8. "Single-Payer FAQ." *Physicians for a National Health Program*. Web. 29 Apr. 2012. <<http://www.pnhp.org/facts/single-payer-faq>>.

For more information try visiting any of the referenced materials or conducting your own internet and library searches. It is the desire of the author that each person will further educate him or herself and form his or her own opinion on what is best for our country.

Understanding National Health Care

This pamphlet was created to help the everyday citizen better understand national health care systems, and what adopting a social medical plan could mean for them as an individual, a member of a family, and as a citizen of our nation. Inside you will find information describing what national health care systems are, what they can look like, and why some people believe America would be better suited to have a national health care plan. This is presented through an overview of the current systems in-place in three different countries (including a look at France who has been voted the #1 health care system in the world by the World Health Organization¹). Also contained within are answers to questions you or others might have about nationalized health care, and a brief section explaining some common terms you may hear tossed about in discussions of this topic. It is my hope in writing this guide that you will feel more comfortable in discussions of national health care, as well as, be able to make a better, more informed decision on what you feel is best for our country.

Q: Who will be in charge of purchasing new diagnostic equipment?

A: Often groups of physicians (or trusts) are given yearly equipment allowances. The trust is then allowed to spend the money on lab equipment, supplies, and procedural necessities at their own discretion.

Q: Who will determine my fee schedule?

A: In most cases the regulating body (whether it be state, federal, or local) determines the allowable fees. Some systems pay physicians not based on the number of patient visits or procedures, but on the number of patients assigned to them, eliminating the need for fees.

The answers to these questions are based on research of current systems in place in other industrialized wealthy countries. As our country moves closer to adopting a national system, the exact parameters will become clearer. Until this point all answers are conjecture and may become blatantly inaccurate. More information can be found at each of the following websites, or by visiting your local library.

<http://www.time.com/time/healthcaredebate>

<http://www.medscape.com/features/slideshow/compensation/2012/public>

<http://www.pnhp.org/facts/single-payer-faq>

<http://www.bls.gov/ncs/ebs/sp/healthterms.pdf>

Answers included information from the following sources:

9. "California Medical Malpractice Insurance." *My Medical Malpractice Insurance*. Web. 29 Apr. 2012. <http://www.mymedicalmalpracticeinsurance.com/california-medical-malpractice-insurance.php>.
10. "Medscape Physician Compensation Report: 2012 Results." *MedScape Today News*. Web. 27 Apr. 2012. http://www.medscape.com/features/slideshow/compensation/2012/public?src=google&ef_id=725PmwQpXj8AAIuz:20120430002850:s.
11. "How Much Do Doctors in Other Countries Make?" *Economix Blog*. Web. 29 Apr. 2012. <http://economix.blogs.nytimes.com/2009/07/15/how-much-do-doctors-in-other-countries-make/>.
12. "Physician Compensation Worldwide." *PracticeLink*. Web. 29 Apr. 2012. <http://www.practicelink.com/magazine/vital-stats/physician-compensation-worldwide/>.
13. Pho, Kevin. "Medical Education Cost Is a Health Policy Imperative." *KevinMD.com*. Web. 29 Apr. 2012. <http://www.kevinmd.com/blog/2011/07/medical-education-cost-health-policy-imperative.html>.
14. Pickert, Kate. "Understanding the Health-Care Debate: Your Indispensable Guide." *Time Politics*. 17 Aug. 2009. Web. 26 Apr. 2012. <http://www.time.com/time/healthcaredebate>.

Frequently Asked Questions Concerning Nationalized Health Care: A Guide for Medical Professionals

With the political climate rapidly changing in this country and the issue of nationalizing health care as a key point in nearly all debates it might be time to see how this is going to affect your profession. As the providers of medical care, you serve a pivotal role in society but, more importantly, you will be effected more than anyone by a change in medical policy. Inside this brochure you will find answers to some frequently asked questions by medical professionals just like yourself. While this guide is by no means a complete answer to any of the questions, nor is it a complete list of possible questions. To this point, a list of additional educational resources has been included at the end.